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SEP 28 2006

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

August 24, 2006

Janis Sigman, Manager
Certificate of Need Program
Department of Health
P.O. Box 47852
Olympia, WA 98504-7852

Dear Ms. Sigman:

In accordance with WAC 246-310-080, Good Samaritan Community Healthcare dba Good Samaritan Hospital (GSH) hereby submits a letter of intent proposing to increase its licensed acute care bed capacity. In conformance with WAC, the following information is provided:

1. A Description of the Extent of Services Proposed:

In an effort to keep pace with the community's demand for inpatient care, GSH is proposing to increase its licensed bed capacity. The proposed bed expansion is not expected to exceed 60 beds.

2. Estimated Cost of the Proposed Project:

The estimated capital expenditure is not expected to exceed \$30 million.

3. Description of the Service Area:

This project will serve GSH's primary service area which includes the East Pierce County Hospital Planning Area.

Thank you for your interest in this matter. We look forward to working with your staff in the coming months to make this much needed project a reality. Please contact me directly with any questions.

Sincerely,

A handwritten signature in black ink, reading "Thomas F. Grimes, III". The signature is written in a cursive style with a prominent "T" and "G".

Thomas F. Grimes, III FACHE
President and Chief Executive Officer